

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for most sections 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on lines 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	40,924	15,917	25,007	
27	Pension plan contributions				
28	Other employee benefits	1,100		1,100	
29	Payroll taxes	3,595		3,595	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees + Professional Fees	39,792	22,706	17,086	
33	Supplies	9,193	5,801	3,392	
34	Telephone	1,628		1,628	
35	Postage and shipping	383	189	194	
36	Occupancy, RENT, UTILITIES	4,525		4,525	
37	Equipment rental and maintenance	2,960	912	2,048	
38	Printing and publications				
39	Travel	5,852		5,852	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses (itemize): a	333		333	
	b INSURANCE	1,533		1,533	
	c				
	d				
	e				
	f				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	111,818	45,525	66,293	

Part III Statement of Program Services Rendered

List each program service title on lines a through d; for each, identify the service output(s) or product(s), and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)		Expenses (Optional for some organizations—see instructions)
a	PRODUCTION AND BROADCASTING OF RELIGIOUS TELEVISION PROGRAMS, REVENUES REPRESENT CHARGES TO NON-AFFILIATES FOR BROADCASTING THEIR RELIGIOUS PROGRAMS.	
	(Grants and allocations \$)	45,525
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program service activities (attach schedule)	(Grants and allocations \$)
f	Total (add lines a through e) (should equal line 44, column (B))	45,525

Part IV Program Service Revenue and Other Revenue (State nature.)		Program service revenue	Other revenue
a	Fees from government agencies		
b			
c			
d			
e			
f	Total program service revenue (enter here and on line 2)	NONE	
g	Total other revenue (enter here and on line 11)		NONE

Part V Balance Sheets If line 12 or Column (B) of line 59 is more than \$25,000, complete the entire balance sheet. If line 12, Part I, and Column (B) of line 59 are \$25,000 or less, you may complete only lines 59, 66, 74, and 75. See instructions.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.		(A) Beginning of year	(B) Total	(C) Unrestricted/Expendable	(D) Restricted/Nonexpendable
Assets					
45	Cash—noninterest-bearing	1,972			
46	Savings and temporary cash investments	100,000	132,860		
47	Accounts receivable ▶ minus allowance for doubtful accounts ▶	1,336	1,896		
48	Pledges receivable ▶ minus allowance for doubtful accounts ▶				
49	Grants receivable				
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)				
51	Other notes and loans receivable ▶ minus allowance for doubtful accounts ▶				
52	Inventories for sale or use				
53	Prepaid expenses and deferred charges		6,205		
54	Investments—securities (attach schedule)				
55	Investments—land, buildings, and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)				
56	Investments—other (attach schedule)				
57	Land, buildings, and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)	156,560	783,788		
58	Other assets ▶ <u>DUE FROM AFFILIATE</u>	22,000	305,843		
59	Total assets (add lines 45 through 58)	281,868	1,229,592		
Liabilities					
60	Accounts payable and accrued expenses				
61	Grants payable				
62	Support and revenue designated for future periods (attach schedule)				
63	Loans from officers, directors, trustees, and key employees (attach schedule)				
64	Mortgages and other notes payable (attach schedule)				
65	Other liabilities ▶ <u>DUE TO AFFILIATES</u>	762,442	1,201,116		
66	Total liabilities (add lines 60 through 65)	762,442	1,201,116		
Fund Balances or Net Worth					
Organizations that use fund accounting, check here <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.					
67a	Current unrestricted fund	(480,574)	28,476		
b	Current restricted fund				
68	Land, buildings, and equipment fund				
69	Endowment fund				
70	Other funds (Describe ▶)				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.					
71	Capital stock or trust principal				
72	Paid-in or capital surplus				
73	Retained earnings or accumulated income				
74	Total fund balances or net worth (see instructions)	(480,574)	28,476		
75	Total liabilities and fund balances/net worth (see instructions)	281,868	1,222,592		

Part VI List of Officers, Directors, and Trustees (List each one whether compensated or not. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
.....				
SEE STATEMENT #2				
.....				
.....				
.....				
.....				

Part VII Other Information

	Yes	No
76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78 If the organization had income from business activities, such as those reported on lines 2, 9, and 10 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.) If "Yes," enter the name of the organization ▶ SEE STATEMENT #1		
..... and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . ▶ NONE		
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
82 Did your organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III ▶		X
83 Section 501(c)(5) or (6) organizations — Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) If "Yes," enter the total amount spent for this purpose		N/A
84 Section 501(c)(7) organizations — Enter: a Initiation fees and capital contributions included on line 12.		
b Gross receipts, included in line 12, for public use of club facilities (See instructions.)		
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)		N/A
85 Section 501(c)(12) organizations — Enter amount of:		
a Gross income received from members or shareholders		
b Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
86 Public interest law firms. — Attach information described in the instructions.		
87 List the states with which a copy of this return is filed ▶		
88 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
89 The books are in care of ▶ Trinity Broadcasting Network Telephone no. ▶ (714) 832-2950 Located at ▶ 2442 Michelle Drive, Tustin, California 92680		
90 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041. — Enter the amount of tax-exempt interest received or accrued during the tax year. ▶		

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer *Charles E. Williams*Date *7/14/89*Title *DIRECTOR OF FINANCE*Paid
Preparer's
Use OnlyPreparer's
signature*Michael E. Hoffman*

Date

*7/11/89*Check if
self-employed ☐Firm's name (or
yours, if self-employed)
and addressHuffman & Co., CPA's - 945 W 6th St.
Corona, California 91720

ZIP code

91720

SCHEDULE A
(Form 990)
Department of the Treasury
Internal Revenue Service

Organization exempt under 501(c)(3)
(Except Private Foundation), 501(e), 501(n), 501(k), or Section 4947(a)(1) Trust
Supplementary Information
▶ Attach to Form 990.

OMB No 1545-0047

1988

Name

Employer identification number

NATIONAL MINORITY T.V. INC. 95-3553530

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See specific instructions.) (List each one. If there are none, enter "None.")

Name and address of employees paid more than \$30,000	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
.....				
.....				
.....				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$30,000	NONE			

Part II Compensation of the Five Highest Paid Persons for Professional Services
(See specific instructions.) (List each one. If there are none, enter "None.")

Name and address of persons paid more than \$30,000	Type of service	Compensation
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$30,000 for professional services	NONE	

Part III Statements About Activities

1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

If "Yes," enter the total expenses paid or incurred in connection with the legislative activities \$

Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.

2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:

- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e Transfer of any part of your income or assets?

If the answer to any question is "Yes," attach a detailed statement explaining the transactions.

3 Do you make grants for scholarships, fellowships, student loans, etc.?

4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)

Yes (1) No (2)

1a		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X

Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (check applicable box; please check only ONE box):

- 5 ☐ 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ 2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 7 ☐ 3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ 4 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ 5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state of hospital ▶
- 10 ☐ 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 11 ☒ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12 ☐ 8 An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13 ☐ 9 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 5 through 12 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

- 14 ☐ 0 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1987	(b) 1986	(c) 1985	(d) 1984	(e) Total
Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,176				5,176
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets					
23 Total of lines 15 through 22	5,176				5,176
24 Line 23 minus line 17	N/A				N/A
Enter 1% of line 23					

Organizations described in box 10 or 11:

- a Enter 2% of amount in column (e), line 24
- b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1984 through 1987 exceeded the amount shown in 26a. Enter the sum of all excess amounts here

N/A

None

(Continued on page 3)

27 Organizations described in box 12, page 2:

- a** Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:
- (1987) (1986) (1985) (1984)

- b** Attach a list showing, for 1984 through 1987, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 25 for the year or \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1987) (1986) (1985) (1984)

- 28** For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1984 through 1987, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire

(To be completed ONLY by schools that checked box 6 in Part IV)

N/A

	Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Do you maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by you or on your behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Do you discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance? (See instructions.)		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Do you receive any financial aid or assistance from a governmental agency?		
b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement.		
35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)		

Part VI Lobbying Expenditures by Public Charities (see instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ a ☐ If the organization belongs to an affiliated group (see instructions).
Check here ☐ b ☐ If you checked a and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion		
37 Total lobbying expenses to influence a legislative body		
38 Total lobbying expenses (add lines 36 and 37)		
39 Other exempt purpose expenses (see Part VI instructions)		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions).		
41 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—		
If the amount on line 40 is—		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000		
The lobbying nontaxable amount is—		
20% of the amount on line 40.		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)		
43 Excess of line 36 over line 42		
44 Excess of line 38 over line 41		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45–50 for details.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1988	(b) 1987	(c) 1986	(d) 1985	(e) Total
45 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

Part VII Information Regarding Transfers, Transactions, and Relationships With Other Organizations
See instructions on reverse side.

See instructions on reverse side.

- 51 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?**

[illegible]

- a Transfers of:**

- (i) Cash

- (ii) Other assets**

- b Transactions:**

- (i) Sales of assets**

- (ii) **Purchases of assets.**

- (iii) Rental of facilities or equipment**

- (iv) Reimbursement arrangements.**

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists or other assets, or paid employees**

- d If "Yes" to any of the above, complete the following schedule. The "Amount involved" column below should always indicate the value of the goods, other assets, or services given. In addition, if the organization received less than fair market value in any transaction or sharing arrangement, the column should include the value of the goods, other assets, or services received.

[illegible]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527?

☐ Yes ☐ No

- b If "Yes," complete the following schedule

[illegible]

1		2		3		4	
NAMES AND ADDRESS		TITLE AND TIME	COMPENSATION	CONTRIBUTION TO EMPLOYEE BENEFIT PLAN		EXPENSE ACCOUNT	
PAUL F. CROUCH 1973 PORT CHELSEA PLACE NEWPORT BEACH, CA. 92660		PRESIDENT/ DIRECTOR AS NEEDED	NONE	NONE		NONE	
JANE DUFF 15052 HUMPHREY CIRCLE IRVINE, CA. 92714		VICE PRES. / DIRECTOR AS NEEDED	NONE	NONE		NONE	
DAVID ESPINOSA 1130 O'MELVERY SAN FERNANDO, CA. 91350		SEC./TRES. / DIRECTOR AS NEEDED	NONE	NONE		NONE	
PHILIP A. CROUCH 3712 SEACLIFF SANTA ANA, CA. 92704		ASSISTANT/ SECRETARY AS NEEDED	NONE	NONE		NONE	
Charlene Williams 11823 Quartz Circle Fountain Valley, CA. 92708		ASSISTANT SECRETARY AS NEEDED	NONE	NONE		NONE	

1988

COMPANY NAME: TRINITY National Minority T.V. Inc.FEIN: 95-3553530STATEMENT NO. 1RELATED ORGANIZATIONS

		<u>STATUS</u>
TRINITY BROADCASTING NETWORK, INC.	95-2844062	EXEMPT
COMMUNITY EDUCATIONAL TV, INC. DBA PARADISE ACRES	33-0046339	EXEMPT
TRINITY BROADCASTING OF DENVER, INC.	84-0736095	EXEMPT
TRINITY BROADCASTING OF FLORIDA, INC.	59-1991004	EXEMPT
TRINITY BROADCASTING OF ARIZONA, INC.	86-0335082	EXEMPT
TRINITY BROADCASTING OF NEW YORK, INC.	14-1631995	EXEMPT
TRINITY BROADCASTING OF TEXAS, INC.	74-1945661	EXEMPT
TRINITY BROADCASTING OF WASHINGTON, INC.	91-0996619	EXEMPT
TRINITY BROADCASTING OF OKLAHOMA, INC.	73-1011191	EXEMPT
TRINITY BROADCASTING OF INDIANA, INC.	31-1016441	EXEMPT
EDUCATIONAL TELEVISION OF HOUSTON, INC.	76-0071975	EXEMPT
NATIONAL MINORITY T.V., INC.	95-3553530	EXEMPT
HOLIDAY RV PARKS, INC. DBA TRINITY TOWERS	59-1936576	NON-EXEMPT
TRINITY Christian Center of Santa Ana, Inc.	95-2844062	EXEMPT

m
m
B
E
X.

273

Office Memo

When finished
Please route to

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TO: LA VERA JOHNSON
FROM: MARK FOUNTAIN
DATE: THURSDAY, JULY 20, 1989
RE: TRANSFER TO PORTLAND, OREGON STATION

I plan to transfer over from TBN to National Minority TV as of August 14, 1989. This date was arrived at between myself and Ben Miller to achieve our prospective air date on October 1, 1989 for KTDZ Channel 24 in Portland, Oregon. This is the time that I will be making my permanent move to Portland. (August 14).


Mark Fountain

MF:lvj

xc: Ben Miller
George Murray
Phil Crouch
Jane Duff
Personnel

027144

Federal Communications Commission

Docket No. 93-75 Exhibit No. 273

Presented by W. B.

Disposition

Id. filed

DEC 03 1993

Received

DEC 03 1993

Rejected

Reporter

A. W. Smith

Date

DEC 03 1993

FILLED POSITION REPORT

FILLED POSITION REPORT

Position Title: <i>Chief Engineer</i>	Prepared by: <i>Gene Duff</i>
Application Period: <i>8-1-89</i>	Date Prepared:
List all recruitment sources used: <i>Word of Mouth, Board casting, mag</i>	

PLEASE COMPLETE THE CHART BELOW, LISTING ALL APPLICANTS

[illegible]

Applicant chosen for position: same as above Rate of pay: to be negotiated

On what basis was this applicant determined to be the most qualified? Experience
willing to relocate back grounds
training

CODES

- * 1 – American Indian or Alaskan Native
- 2 – Asian or Pacific Islander
- 3 – Black, not of Hispanic Origin
- 4 – Hispanic or Spanish Surnamed
- 5 – White, not of Hispanic Origin

- 1 - Interviewed, no offer
2 - Interviewed, offer extended but rejected



NATIONAL MINORITY TELEVISION INC.

P.O. Box C-11949, Santa Ana, CA 92711

TO: MARK FOUNTAIN
FROM: JANE DUFF *JD*
DATE: August 15, 1989
RE: SETTING UP PUBLIC FILES

Enclosed is your STL license to be posted at the transmitter for your station. Please make a photocopy and put in Public Files as well. We retain a copy here at Headquarters for our record also. Ben Miller is copied on this as well. Any licenses that come directly to us are always forwarded to you for posting or for inserting into the Public Files. If you should get any official FCC licenses or documents that are stamped Public Files, please make sure that they are filed properly and labeled as such, and put in the Public Files. You will notice that in your Manual there is a great deal of information providing you guidelines as to everything that goes into the Public Files and the length of time the documents are to be retained.

The entire Public Files that is being passed on to us from the former owner is maintained in the public library in Portland. I am also enclosing a copy of the Letter of Authorization from the former owner to release the Public Files to NMTV's authorized personnel. I suggest you take this Letter of Authorization to the public library as soon as you have the opportunity to set up a file drawer to house this important set of documents. If you have any questions regarding this, please do not hesitate to give me a call.

We wish you the very best in your new adventure and may the Lord bless you, give you wisdom, guidance, direction and you have our prayers. We know that you will do an outstanding job for the Lord has been preparing you for this for a long time.

Yours in Christ.

JD:ch

00034

m

m

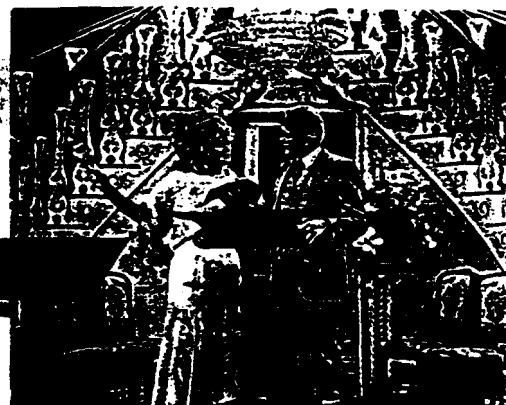
B

E

X

274

Praise The Lord



TRINITY BROADCASTING NETWORK VOL. XVI, NO. VIII AUGUST 1989

“HE THAT HATH AN EAR...”

“COME AND LISTEN, O NATIONS OF THE EARTH; LET THE WORLD AND EVERY-
THING IN IT HEAR MY WORDS.” Isaiah 34:1 Living Bible

More glorious news to report... just a few days ago the FCC granted the very *FIRST educational class RADIO STATION* to CET (Community Educational Television), an affiliated network with your Trinity Broadcasting Network! *Praise the Lord!* Our hearty congratulations to CET which will lead the way with a whole new RADIO NETWORK.

Welcome BARSTOW, California, 91.3 on the FM dial. The reason this grant by the FCC is so exciting and important is this – you must first have a full class educational “MOTHER” station to qualify for potentially HUNDREDS of low power translator or “booster” stations that will some day be sprinkled all over the USA! And the best news of all...these low power RADIO STATIONS can be fed by satellite and hung on an *existing* TV or radio tower and built for around \$4,000⁰⁰ each! In addition to carrying much of the TBN Christian programming, CET will develop a whole new educational block of programs, *ALL WITH A CHRISTIAN EMPHASIS*. If the world can cram *evolution* and *secular Humanism* down the throats of our young people in our schools and universities, is it not TIME TO GIVE THEM THE BIBLICAL TRUTH OF CREATIONISM? Partners, we were asleep at the switch. We let the world take most of our educational institutions. We let *one woman* take *Bible reading* and *prayer* out of our schools. The secular educational radio and TV networks of America teach *DARWIN'S MONKEY THEORY* all the way! And talk about REVERSE DISCRIMINATION – they won't give we Christians *EQUAL TIME* even to teach Creationism as an *Alternative Theory!*

Beloved Partners – THIS IS OUR CHANCE – possibly our *LAST CHANCE* to capture another *GREAT VOICE for God – A RADIO VOICE!* Let's *reach our youth* and *all America* with OUR PROGRAMMING – in their cars, at home, even on portable Walkman Radios with the *TRUTH* about the Bible, Creation and the love of God.

Dr. C. M. Ward, veteran radio pioneer, is very excited by this new thrust. CET is dedicating this mother station to him. We hope to change the call letters to “KCMW.” Brother Ward is also establishing his life-long library and papers here at TBN headquarters as a research center for ministers, Christian workers, missionaries, and Television-Radio partners. The C. M. Ward Building is being re-modeled now and should be ready for dedication late this fall. We know you will agree that this new CET Radio Station will be a fitting tribute to this great soldier of the cross and pioneer of Christian Radio. We'll keep you posted on the progress of this great *new open door* as plans progress.

As I write this newsletter to you, I am leaving for *Italy, Uganda, South Africa, Brazil, El Salvador*, and then home! We are reviewing our ten TV stations in Northern Italy and particularly our new station in Milan. Two small stations are on the air in *Sicily* and we are providing programming and equipment.

Then, the *BIG NEWS* – we fully expect to finalize our contract with *South Africa* for your New Christian Network. *Trinity Broadcasting of South Africa* is a corporation ready for *BUSINESS!* Norm Juggert, our attorney and TBN Secretary/Treasurer, will be at my side to review all of the contracts and documents. Ben Miller, our Vice President of Engineering, will review all the technical requirements. Matthew, my number two son, will capture everything on video so we can give you a *GOOD REPORT!* While we are in *South Africa*, we will check in on the progress on your *Boputhatswana* station, which we hope to have on the air *late this year* to further TBN's efforts to

Federal Communications Commission

Docket No. 93-75 Exhibit No. 274

Presented by WYJ

Disposition

Id. DEC 03 1993

Received DEC 03 1993

Rejected

Reporter A. W. W. W.

Date DEC 03 1993

CONTINUED FROM PAGE 1

see *peaceful change* in South Africa and to pray for the dismantling of apartheid. Of course, we will look in on Ciskei – which has been on the air nearly three years now! Praise the Lord!

Then on to *Brazil* where the São Paulo station is *now under construction*. We will meet with the Pres of Brazil – plus meet with the Board of Directors for Trinity Broadcasting of Brazil. Please pray for this vast and needy nation so bound by witchcraft and satanism. Last New Year's, Arthur Blessitt and Soldiers for Jesus led an assault on the beach of Rio de Janeiro. Thousands of Christians, organized by Gineton Alencar, joined the march and hundreds were saved. But now we will reach *MILLIONS* with our very own Full Power TV Station – *Pray, pray, pray!*

Finally, *El Salvador*, where Channel 25 is nearing completion... How satan has fought with delays of *every kind* and a major equipment bankruptcy. But in spite of demons, the devil, hell and high water, we should be *ON THE AIR* late this year! Continue to pray for this war-torn country and its *new President, Mr. Alfredo Cristiani*. We have invited President Cristiani to be *our guest* on *PRAISE* for a full report on El Salvador.

Beloved Partners, *the HARVEST IS AWESOME!* Your TBN is experiencing the most *explosive growth* in our 16 year history! *165 stations ON THE AIR – World-Wide. 40-plus new stations still under construction* and now a new affiliated *RADIO NETWORK* under construction! Partners, I need your prayers *NOW* more than ever. Some days the pressures and challenges are more than I can bear. There are days when Jan and I drop exhausted with many things still undone. But somehow the grand old TBN ship sails on, ordained by God and powered by *YOUR PRAYERS!*

Pray especially for *Jan*, who will remain at home to look after the *thousand-and-one details* for *PRAISE THE LORD* and programming. Pray also for our great family of *TBN staff workers* – nearly 300 at home and abroad – without whom we could not go on.

God bless you. Jan and I are depending on you *NOW more than ever*. We can't go on without *YOU*, your love, your prayers, your support. We promise to give back to you with our love, prayers, and the very best 24 hour-a-day Christian programming to bless you and yours. *We love you!*

Paul

THEY OVERCAME HIM BY THE



We love you Beautiful people from Irving / Dallas / Ft. Worth, and ALL of Texas, too. Some of the nicest people you'd ever want to meet are Texans...like Bro. R. W. SCHAMBACH! It's always a JOY to have Bro. Schambach bless the TBN Family with one of his fabulous, faith-building messages and then rejoice with you, our TBN family, as we hear the tremendous praise reports! If God has done a miracle in YOUR life, be sure to Call the Prayer Line (714) 731-1000 or your local station Prayer Line or WRITE and tell us what the Lord has done for You – So we can share it with millions of viewers to build their faith, too. YOUR testimony may ignite the Spark of Faith that someone needs for their miracle! Please Write or Call Today and share YOUR Praise Report. That is what *PRAISE THE LORD* is all about – Praising Him! And don't miss Bro. Schambach's program, Saturdays, at 7 P.M. (PDT).

BLOOD OF THE LAMB, AND BY THE WORD OF THEIR TESTIMONY..."

Yes, this is your beautiful DALLAS STUDIO! If you live in Texas or are vacationing near Dallas, why not make plans to visit the "Southern White House" Come and see the beautiful *PRAISE Set* and the Chapel with beautiful Christian paintings – You will be lifted to Heavenly Places of inspiration as you do.

Each of TBN's Full Power stations (plus Denver) has a lovely studio facility that YOU are invited to visit! (11 A.M. and 3 P.M. are the tour times.) We especially love to have our TBN Partners come and pray in YOUR Prayer Chapels. There is much to pray about – as we work TOGETHER to reach the world and reclaim our nation for Jesus! You will find the list of your Local Station addresses in this newsletter under "STUDIOS LOCATED AT." Please pray for each of the Local TBN Stations.



m

m

B

E

X.

275

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c) (except black lung benefit trust or private foundation)
of the Internal Revenue Code or section 4947(a)(1) trust

OMB No. 1545-0047

1988

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction D.

For the calendar year 1988, or fiscal year beginning

, 1988, and ending

, 19

Use IRS label. Otherwise, please print or type.	Name of organization TRINITY BROADCASTING NETWORK	A Employer identification number (see instruction L)
	TRINITY CHRISTIAN CENTER OF SANTA ANA	95-2844062
	Address (number and street) 2442 MICHELLE DR.	B State registration number (see instruction D) D-07026590
	City or town, state, and ZIP code TUSTIN, CALIF. 92680	C Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here <input type="checkbox"/> (see instruction C10)

D Check type of organization—Exempt under section ☒ 501(c)(3) (insert number), OR ☐ section 4947(a)(1) trust

E Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ☐

Check here if application for exemption is pending ☐

F Is this a group return (see instruction J) filed for affiliates? ☐ Yes ☒ No

If "Yes," enter the number of affiliates for which this return is filed _____

G If "Yes" to either, give four-digit group exemption number (GEN) ☐

Is this a separate return filed by a group affiliate? ☐ Yes ☐ No

H ☐ Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some states may require a completed return.

I ☐ Check here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

These columns are optional—
see instructions

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances

(A) Total

(B) Unrestricted/
Expendable(C) Restricted/
Nonexpendable

Support and Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	22,103,549		
	b Indirect public support			
	c Government grants			
	d Total (add lines 1a through 1c) (attach schedule—see instructions).	22,103,549		
	2 Program service revenue (from Part IV, line f).	3,299,079		
	3 Membership dues and assessments			
	4 Interest on savings and temporary cash investments	906,555		
	5 Dividends and interest from securities			
	6a Gross rents			
	b Minus: rental expenses			
	c Net rental income (loss)			
	7 Other investment income (Describe <input type="checkbox"/> Securities <input type="checkbox"/> Other)			
	8a Gross amount from sale of assets other than inventory			
	b Minus: cost or other basis and sales expenses			
	c Gain (loss) (attach schedule)			
	9 Special fundraising events and activities (attach schedule—see instructions):			
a Gross revenue (not including \$ of contributions reported on line 1a)				
b Minus: direct expenses				
c Net income (line 9a minus line 9b)				
10a Gross sales minus returns and allowances				
b Minus: cost of goods sold (attach schedule)				
c Gross profit (loss)				
11 Other revenue (from Part IV, line g)	1,676,844			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	27,986,027			
Fund balance	13 Program services (from line 44, column (B)) (see instructions)	9,000,039		
	14 Management and general (from line 44, column (C)) (see instructions)	7,969,833		
	15 Fundraising (from line 44, column (D)) (see instructions)	1,973,030		
	16 Payments to affiliates (attach schedule—see instructions)			
	17 Total expenses (add lines 16 and 44, column (A))	18,942,902		
18 Excess (deficit) for the year (subtract line 17 from line 12)	9,043,125		028576	
19 Fund balances or net worth at beginning of year (from line 74, column (A))	49,419,300			
20 Other changes in fund balances or net worth (attach explanation)	(450,261)	57m7 #2		

Federal Communications Commission	
Docket No. <u>53-75</u>	Exhibit No. <u>275</u>
Presented by <u>MMB</u>	<u>DEC 03 1953</u>
Disposition	Received <u>DEC 03 1953</u>
	Rejected
Reporter <u>A. G. G. G.</u>	
Date <u>DEC 03 1953</u>	

Part IV Program Service Revenue and Other Revenue (State nature.)Program
service revenueOther
revenue

a Fees from government agencies		
b <u>BROADCASTING & PRODUCTION COST SHARING</u>	3,299,079	
c <u>MISCELLANEOUS</u>		1,105,217
d <u>DONATED ASSET ESTATE</u>		504,616
e <u>TAPES</u>		6,201
f Total program service revenue (enter here and on line 2)	3,299,079	
g Total other revenue (enter here and on line 11)		1,676,844

Part V Balance Sheets

If line 12 or Column (B) of line 59 is more than \$25,000, complete the entire balance sheet. If line 12, Part I, and Column (B) of line 59 are \$25,000 or less, you may complete only lines 59, 66, 74, and 75. See instructions.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.

		(A) Beginning of year	(B) Total	(C) Unrestricted/ Expendable	(D) Restricted/ Nonexpendable
Assets					
45	Cash—noninterest-bearing	281,739			
46	Savings and temporary cash investments	6,621,523	6,325,965		
47	Accounts receivable ▶ minus allowance for doubtful accounts ▶	752,194	812,276		
48	Pledges receivable ▶ minus allowance for doubtful accounts ▶				
49	Grants receivable				
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)				
51	Other notes and loans receivable ▶ minus allowance for doubtful accounts ▶	9918,975	21,170,159		
52	Inventories for sale or use				
53	Prepaid expenses and deferred charges	158,158	182,215		
54	Investments—securities (attach schedule)				
55	Investments—land, buildings, and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)				
56	Investments—other (attach schedule)				
57	Land, buildings, and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)	23,717,996	39,063,059		
58	Other assets ▶ <u>Amount Due From AFFILIATES</u>	30,557,550	33,885,691		
59	Total assets (add lines 45 through 58)	73,008,035	91,439,365		
Liabilities					
60	Accounts payable and accrued expenses	1,533,931	2,107,652		
61	Grants payable				
62	Support and revenue designated for future periods (attach schedule)				
63	Loans from officers, directors, trustees, and key employees (attach schedule)				
64	Mortgages and other notes payable (attach schedule) <u>CONTRACTS PAYABLE</u>	219,263	70,000		
65	Other liabilities ▶ <u>Amount Due To AFFILIATES</u>	20,835,541	31,249,549		
66	Total liabilities (add lines 60 through 65)	22,588,735	33,427,201		
Fund Balances or Net Worth					
Organizations that use fund accounting, check here <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.					
67a	Current unrestricted fund	98,440,534	55,158,445		
67b	Current restricted fund	978,766	2,853,719		
68	Land, buildings, and equipment fund				
69	Endowment fund				
70	Other funds (Describe ▶)				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.					
71	Capital stock or trust principal				
72	Paid-in or capital surplus				
73	Retained earnings or accumulated income				
74	Total fund balances or net worth (see instructions)	49,419,300	58,012,164		

028578

③

Part VI List of Officers, Directors, and Trustees (List each one whether compensated or not. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
SEE STATEMENT #2				

Part VII Other Information

	Yes	No
76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78 If the organization had income from business activities, such as those reported on lines 2, 9, and 10 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.) If "Yes," enter the name of the organization		
SEE STATEMENT #1		
and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a Enter amount of political expenditures, direct or indirect, as described in the instructions		NONE
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
Did your organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III		
83 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) If "Yes," enter the total amount spent for this purpose		N/A
84 Section 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 12.		
b Gross receipts, included in line 12, for public use of club facilities (See instructions.)		
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)		N/A
85 Section 501(c)(12) organizations.—Enter amount of:		
a Gross income received from members or shareholders		
b Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
86 Public interest law firms.—Attach information described in the instructions.		
87 List the states with which a copy of this return is filed		
88 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
89 The books are in care of		
Trinity Broadcasting Network Telephone no. (714) 832-2950		
Located at 2442 Michelle Drive, Tustin, California 92680		
90 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041.—Enter the amount of tax-exempt interest received or accrued during the tax year.		

Please
here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date:

Title

Preparer's
signature

Date

Check if
self-employed ☐Preparer's
Use OnlyFirm's name (or
yours, if self-employed)
and addressHuffman & Co., CPA's - 945 W 6th ST.
Corona, California 91720

ZIP code

91720

028579

(4)